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BIOGRAPHICAL INFORMATION FORM

Welcome, and I look forward to working with you! This form requests information about you that will help me plan know more about you. If you have any questions, please feel free to discuss them with me.

DATE_____

LAST NAME _____FIRST NAME_____

DATE OF BIRTH_____AGE_____

HOME ADDRESS _____

CITY_____ STATE_____ZIP_____

HOME PHONE_____CELL PHONE _____

WORK PHONE_____FAX NUMBER_____

E-MAIL ADDRESS_____

NAME, PHONE NUMBER AND RELATIONSHIP OF CONTACT PERSON (S) IN CASE OF EMERGENCY_____

_____

PRIMARY CARE PHYSICIAN'S NAME AND PHONE NUMBER _____-

_____

NAME AND PHONE OF PSYCHIATRIST (IF ANY)_____

_____

Please state your presenting problem / (what brings you in for therapy?):

_____

_____

_____

_____

How severe do you believe your problem is?

Mild ____ Moderate ____ Severe ___Very severe ____

Current Marital Status: _____

Past & Present Marriages (years together, and statement about the nature of the relationship(s), i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

_____

_____

_____

_____

_____

Children and stepchildren (names/ages & brief statement about your relationship):

_____

_____

_____

_____

PARENTS/STEPPARENTS (Name/age or year of death/cause of death, occupation, personality, how did she/he treat you, brief statement about the relationship):

Father:

_____

_____

_____

_____

Mother:

_____

_____

_____

_____

Stepparents:

_____

_____

_____

Siblings: (name/age, if deceased: age and cause of death, and brief statement about the relationship):

_____

_____

_____

Past/Present medical care: (major medical problems, surgeries, accidents, falls, illness, etc.):

_____

_____

_____

_____

_____

Medications you are presently taking and for what reasons:

_____

_____

_____

Past/Present Drug/Alcohol use/abuse: (AA, NA, treatment programs/centers):

_____

_____

_____

_____

Previous psychiatric hospitalizations: (describe: ages, reasons, circumstances, etc.):

_____

_____

_____

Past and present psychotherapy: (initial reason for therapy, Individual/Couple/Family, duration and brief of helpfulness):

_____

_____

_____

Briefly describe anything that stands out as unusual in your childhood:

_____

_____

_____

_____

If your parents divorced, what was your age at the time: _____? Please describe how you believe it may have affected you at the time.

_____

_____

_____

_____

Family history of alcoholism, mental illness, or violence (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

_____

_____

_____

Are you involved in any current or pending civil or criminal litigation/s lawsuits or divorce or custody disputes? (If you answer yes, please explain.)

_____

_____

_____

_____

Friendships, community & spirituality:

_____

_____

_____

What are your main worries and fears?

_____

_____

_____

What gives you the most joy or pleasure in your life?

_____

_____

_____

_____

_____

Your thoughts:

Please add any other information you would like me to know about you and your situation.

_____

_____

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_____

OPTIONAL:

Please indicate & rate the severity (1-4) of the following issues or problems you would like to work on in treatment:

Depression ____Acute stress ____ Anxiety/Panic ____ Obsessive/compulsive ____
PTSD ___Concentration ____Focus____ ADD/ADHD____ Mood Swings ____
Impulse Control ____Substance Abuse: Alcohol____ Opiates ____ Amphetamines____
Hallucinogens ____Problems at Work/School ____ Lack of friends ____Loneliness____
Relationship issues ____ Domestic violence ____ Divorce/Separation_____ Infidelity____
Sexuality/Sexual Abuse ____Parenting issues ____ Childhood trauma ____ Adult trauma ____
Loss of loved one____ Problems coping ____ Financial problems ____Legal matters_____
Sleep problems ____Fears ____Chronic illness ____Energy ____ Behavioral problems ____
Low self-esteem____ Anger ____Motivation ___